RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW#	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	613007
2	Carrier Study Area Name	alpha characters	CORDOVA TELEPHONE COOPERATIVE, INC.
3	Service Provider Identification Number	9 numeric digits	143002690
4	Residential Local Service Charge Effective Date	mm/dd/yy	07/01/15
5	Contact Name	alpha characters	Koker, Lisa J
6	Contact Telephone Number (include area code)	9 numeric digits	907-424-2138
7	Sheet Number	numeric digit(s)	
8	Total Number of Sheets	numeric digit(s)	

Block 2- Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Manditory Extended Area Service Charge	Column 5 Loops	Column 6 Exchange Name/ Zone Name	Column 7 Class Of Service
9	13.00	5.25	1.90		822	Cordova	Residential

	Study Area Code of Reporting Carrier 613007 Filing Due Date for this form 07/01/2015	Telephone number of authorized officer. (907), 424-2111, ext.	Title or position of authorized officer General Manager/ CEO	Printed name of authorized officer Paul Kelly	Signature of authorized officer CALS Loll,	Name of Reporting Carrier Cordova Telephone Cooperative, Inc.	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.	Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

	07/01/2015	Filing Due Date for this form (mm/dd/yyyy)	7	613007	tudy Area Code of Reporting Carrier
			11 ext	907), 424-21	elephone number of authorized officer. (907), 424-2111 ext.
			er/ CEO	neral Manag	itle or position of authorized officer General Manager/ CEO
			1	Paul Kelly	rinted name of authorized officer Paul
Date 06/09/2015		10	N. a.	Said	ignature of authorized officer
		ve, Inc.	Cooperativ	Telephone (lame of Reporting Carrier Cordova Telephone Cooperative, Inc.
		n (NECA)	r Association	xchange Carrie	ame of Authorized Agent National Exchange Carrier Association (NECA)
knowledge the information	the best of my k	the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.	a provided b	in based on dat	the information reported here reported here reported herein is accurate.
carrier: that I have provided	f the reporting o	ported on this form on behalf o	ormation rep	o submit the inf	I certify that I am authorized to
I certify that National Exchange Carrier Association (NECA) the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.	icer of the repor yent; and, to the	A) r. I also certify that I am an off a provided to the authorized ag accurate.	ciation (NEC/ orting carrier ate floor data red agent is a	nge Carrier Asso ehalf of the rep of the actual r	I certify that National Exchar the information reported on b include ensuring the accuracy actual rate floor data provided
Reporting Carrier	on Behalf of R	Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier	ize an Age	cer to Author	Certification of Offi